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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,307	10/26/2001	Michael R.S. Hill	P-8969.00	2140
27581	7590	09/07/2005		
MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MS-LC340 MINNEAPOLIS, MN 55432-5604			EXAMINER OROPEZA, FRANCES P	
			ART UNIT 3762	PAPER NUMBER

DATE MAILED: 09/07/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Tatm

Office Action Summary

Application No.

10/039,307

Applicant(s)

HILL ET AL.

Examiner

Frances P. Oropeza

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 7/21/05 (RCE) & 6/21/05 (Amendment).
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-40 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-40 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 21 June 2005 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Request for Continued Examination

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. The Applicant's submission filed on 7/21/05 has been entered.

2. The Applicant amended at least the independent claims in the response file 6/21/05, hence the rejection of record is withdrawn and a new rejection established in the subsequent paragraphs.

Claim Rejections - 35 USC § 103

3. Claims 1, 2, 4-13, 15-18, 20-34 and 36-38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Obel et al. (US 5199428) in view of Levine et al. (US 6058328).

Obel et al. disclose an implantable electrical nerve stimulator/ pacemaker, the nerves being automatically stimulated in the region of the thoracic vertebra T2 and the stimulation coordinated with the heart to provide resynchronization therapy (abstract; col. 1 @ 15-24; col. 3 @ 8-28 & 42-45; col. 3 @ 62 – col. 4 @ 26; col. 5 @ 25-64). Anti-tachycardia pacing may be incorporated (col. 9 @ 53 – col. 10 @ 2). Cardiac disease associated with the loss of vagal tone is treated automatically using neural stimulation (col. 1 @ 9-13; col. 5 @ 3-18). Obel et al. teach

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the inclusion of tachycardia pacing therapies to treat arrhythmias that often accompany the loss of vagal tone and arrhythmias that are not treated by vagal stimulation alone (col. 5 @ 3-16; col. 6 @ 66 – col. 7 @ 4; col. 9 @ 53 - col. 10 @ 2).

As discussed in the previous paragraph of this action, Obel et al. disclose the claimed invention except for delivering overdrive pacing.

Levine et al. teach preemptive tachyarrhythmia pacing using overdrive pacing in conjunction with the treatment of vagal tone for the purpose of minimizing the likelihood of the occurrence of tachyarrhythmia. It would have been obvious to one having ordinary skill in the art at the time of the invention to have used overdrive pacing in the Obel et al. system in order to prevent the occurrence of a tachyarrhythmia (abstract; col. 1 @ 11-19; col. 36 @ 11-20).

4. Claims 1, 2, 4-13, 15-18, 20-34 and 36-38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Obel et al. (US 5199428) (US) in view of Bennett et al. (US 5213098).

Obel et al. disclose an implantable electrical nerve stimulator/ pacemaker, the nerves being automatically stimulated in the region of the thoracic vertebra T2 and the stimulation coordinated with the heart to provide resynchronization therapy (abstract; col. 1 @ 15-24; col. 3 @ 8-28 & 42-45; col. 3 @ 62 – col. 4 @ 26; col. 5 @ 25-64). Anti-tachycardia pacing may be incorporated (col. 9 @ 53 – col. 10 @ 2). Cardiac disease associated with the loss of vagal tone is treated automatically using neural stimulation (col. 1 @ 9-13; col. 5 @ 3-18). Obel et al. teach the inclusion of tachycardia pacing therapies to treat arrhythmias that often accompany the loss of vagal tone and arrhythmias that are not treated by vagal stimulation alone (col. 5 @ 3-16; col. 6 @ 66 – col. 7 @ 4; col. 9 @ 53- col. 10 @ 2).

As discussed in the previous paragraph of this action, Obel et al. disclose the claimed invention except for delivering overdrive pacing.

Bennett et al. teach cardiac pacing using post-extra systolic potentiation (PESP) for the purpose of reducing the risk of arrhythmias. It would have been obvious to one having ordinary skill in the art at the time of the invention to have used post-extra systolic potentiation in the Obel et al. system in order to prevent potentially life threatening arrhythmias from occurring (abstract; col. 1 @ 8-13).

5. Claims 3, 19, and 39 stand rejected under 35 U.S.C. 103(a) as being unpatentable over Obel et al. (US 5199428) in view of Levine et al. (US 6058328) and further in view of Adams (US 57992187). As discussed in paragraph 3 of this action, modified Obel et al. disclose the claimed invention except for the driver circuit delivering high-voltage stimulation (claim 39), and the electrode located external to the patient's body (claims 3 and 19).

As to delivering high voltage stimulation, Adams teaches cardiac arrhythmia treatment using cardioversion/ defibrillation shock therapy for the purpose of converting dysrhythmia to normal sinus rhythm. It would have been obvious to one having ordinary skill in the art at the 39*time of the invention to have used high voltage stimulation in the modified Obel et al. system in order to offer a proven alternate treatment for arrhythmias so the dysrhythmia is effectively treated before the patient suffers any ill effects from the dysrhythmia (col. 3 @ 1-8).

As to the electrode being located external to the patient's body, Adams teaches pain suppression treatment using an electrode (100) located external to the patient's body at the spine proximate to the dorsal root sensory ganglia for the purpose of relieving pain associated with the

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high voltage stimulation. It would have been obvious to one having ordinary skill in the art at the time of the invention to have used an electrode located external to the patient's body in the modified Obel et al. system in order to offer a proven treatment for the pain associated with high voltage shocks so the patient's pain, apprehension and anxiety is controlled (abstract; col. 2 @ 48-55; col. 3 @ 1-8 & 45-48; col. 7 @ 11-24). It is noted both electrical and electromagnetic pain suppression systems are well know in the art, and absent any teaching of criticality or unexpected results merely changing the type of system from an electromagnetic system to an electrical system would be ab obvious design choice.

6. Claims 14, 35 and 40 stand rejected under 35 U.S.C. 103(a) as being unpatentable over Obel et al. (US 5199428) in view of Levine et al. (US 6058328) and further in view of Sweeney et al. (US 6272377). As discussed in paragraph 3 of this action, modified Obel et al. disclose the claimed invention except for the electrode being located on an intrinsic cardiac ganglia (claims 14, 35) and providing a drug delivery device with agent (claim 40).

Sweeney et al. teach arrhythmia treatment using drug delivery and/ or nerve stimulation using as electrode on the fat pad over the atrioventricular node (an intrinsic cardiac ganglia) for the purpose of preventing the development of an arrhythmia. It would have been obvious to one having ordinary skill in the art at the time of the invention to have used drug delivery and/ or nerve stimulation using as electrode on the fat pad over the atrioventricular node (an intrinsic cardiac ganglia) in the modified Obel et al. system in order to provide alternate proven means to prevent or reduce the consequences of the arrhythmia (abstract; col. 4 @ 61 – col. 5 @ 5; col. 8 @ 49-55).

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Statutory Basis


7. The text of those sections of Title 35, U.S. Code not included in this action can be found in a prior Office action.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Fran Oropeza whose telephone number is (571) 272-4953. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Robert E. Pezzuto can be reached on (571) 272-6996. The fax phone numbers for the organization where this application or proceeding is assigned is (571) 273-8300 for regular communication and for After Final communications.

Frances P. Oropeza
Patent Examiner
Art Unit 3762

FO
9/4/05


Robert E. Pezzuto
Supervisory Patent Examiner
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